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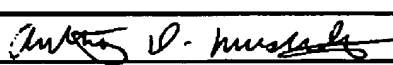
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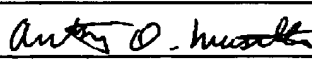
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/016,724
	Filing Date	10/30/2001
	First Named Inventor	Trent W. Davis
	Art Unit	3617
	Examiner Name	Sherman D. Basinger
	Attorney Docket Number	930007-2188
Total Number of Pages In This Submission		6

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> Examiner Basinger,  In accordance with our telephone interview conducted on March 2, we are including a draft set of amended claims for your review. In addition, we have added new independent claim 16 and associated dependent claims based on our discussions during the interview.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Frommer Lawrence & Haug LLP		
Signature			
Printed name	Anthony D. Mustillo		
Date	3/7/06	Reg. No.	

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Typed or printed name	Anthony D. Mustillo	Date	3/7/06

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